



www.centerforautism.com

EMPLOYMENT APPLICATION

An Equal Opportunity and Affirmative Action Employer

Personal Data

| _____ | _____ | _____ | _____ |
Last Name First Name Middle Initial Date

| _____ |
Other names by which you have been known (for date verification and reference purposes)

| _____ | _____ | _____ |
Home Phone Cell Phone E-mail Address

| _____ | _____ | _____ | _____ |
Permanent Address City State Zip Code

| _____ | _____ | _____ | _____ |
Permanent Address City State Zip Code

Have you ever applied to or have been employed by another CARD office? If yes, which one? _____

Are you over the age of 18 years? ☐ Yes ☐ No

(If no, you may be required to provide authorization to work)

Do you have relatives or friends who are currently employed at CARD? If yes, who? _ _____

Are you legally eligible to be employed in the United States? ☐ Yes ☐ No

(Proof of identity and eligibility will be required upon employment)

Instructions for answering the following questions regarding your criminal record history:

All applicants: Do not respond "Yes" concerning the following that did not result in convictions, referrals to, and participation, in any pretrial or post-trial diversion program, marijuana-related convictions; Convictions for which the record has been judicially dismissed; and first convictions for misdemeanors of drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions.

Have you ever been convicted of a crime? ☐ Yes ☐ No

| _____ |
If YES, what was (were) the offense(s)?

| _____ |
Date(s) and place of conviction. A conviction record will not necessarily be a bar to employment. Factors such as age at the time of offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense and rehabilitation will be taken into account.

Employment Interest

_____	_____	_____
Position Applying For	CARD Office Preferred	Date Available

How did you hear about this position?

☐ CARD website ☐ Job Board ☐ Recruiter ☐ Current Employee ☐ Other (please explain): _____

I am seeking a: ☐ Full-Time ☐ Part-Time ☐ Full-or-Part-Time _____

Days/Hours available to work:

	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
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As a CARD employee, you may be required to drive on behalf of the company. Are you comfortable meeting this requirement? ☐ Yes ☐ No

Do you currently have a valid driver's license? ☐ Yes ☐ No

Have you had any accidents during the past 5 years? ☐ Yes ☐ No If yes, how many?

Have you had any moving violations during the past 5 years? ☐ Yes ☐ No If yes, how many? _____

Per CARD's policy, employees are required to provide proof of auto insurance. Do you currently have active/State specific automobile insurance coverage? ☐ Yes ☐ No If no, please state why _____

Skills

Trainings/Skills/Experience in this field or other related fields (include bilingual ability both written and verbal and/or sign language; please specify type of sign language).

Professional & Technical Applicants only:

_____	_____	_____
Professional License Number	Type of License	Expiration Date

State Issued		

Education and Training

Indicate last level completed: High School ☐ College/University ☐ Graduate School ☐

Name of High School, Technical School, and College	City, State	Major	Degree	Month/Year Degree/Diploma

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Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application.

Military

Have you ever served in the Armed Forces? ☐ Yes ☐ No if yes, date entered: _____

Discharge date: _____ Are you a member of the National Guard? ☐ Yes ☐ No

Special Skills: _____

Employment History

Please list your most recent employer first

_____		_____		_____	
Company Name		Street Address		City	
_____	_____	_____	_____	_____	_____
State	Zip Code	Starting Job Title	Final Job Title	Phone	

May we contact this employer? ☐ Yes ☐ No | _____ | _____ |

Supervisor's Name Title

Job Duties: _____

Reason for Leaving _____

Dates of employment:	From: (Mo/yr.)	To: (Mo/yr.)
	Starting Rate of Pay: \$	Ending Rate of Pay: \$

_____		_____		_____	
Company Name		Street Address		City	
_____	_____	_____	_____	_____	_____
State	Zip Code	Starting Job Title	Final Job Title	Phone	

May we contact this employer? ☐ Yes ☐ No | _____ | _____ |

Supervisor's Name Title

Job Duties: _____

Reason for Leaving _____

Dates of Employment:	From: (Mo/yr.)	To: (Mo/yr.)
	Starting Rate of Pay: \$	Ending Rate of Pay: \$

| _____ | _____ | _____ |
Company Name Street Address City
| _____ | _____ | _____ | _____ | _____ |
State Zip Code Starting Job Title Final Job Title Phone

May we contact this employer? ☐ Yes ☐ No | _____ | _____ |
Supervisor's Name Title

Job Duties: _____

Reason for Leaving _____

Dates of Employment:	From: (Mo/yr.)	To: (Mo/yr.)
	Starting Rate of Pay: \$	Ending Rate of Pay: \$

Business Reference

Name	E-mail address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Statement

I hereby acknowledge that I have been informed of duties, the hours and days of work for the position which I am applying and agree that I can perform the duties described, and that the information on this application is correct and complete to the best of my knowledge. I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I acknowledge that if any misstatement or omission of information is discovered after I have accepted an employment offer with CARD; it can be cause for disciplinary action, up to and including termination. I authorize verification of information provided on this application; and authorize the references listed above to give you all relevant information concerning my previous employment; and release all parties from any liability for any damage that may result from furnishing same to CARD. _____ (Initial)

I understand a tuberculosis test is a requirement to work at CARD and agree to abide and present the necessary documentation of proof at the time of new hire orientation. _____ (Initial) TB test must be in good standing 1 year prior to hire. In some instances you will be required to present a copy of immunization for (MMR/Rubella/Tetanus) such as required in NY.

I hereby acknowledge that my employment is "At-will," that I may resign at any time and CARD may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the Executive Director of this company. _____ (Initial)

I hereby authorize all previous employers, educational institutions, background check entities, and other persons or entities having information about me to provide such information to CARD or other entity that obtains information for CARD. I further authorize full release to CARD, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation. I understand that an offer of employment is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by CARD or contract for employment with CARD. ____ (Initial)

☐ Yes, I wish to receive a copy of any background check report requested about me by CARD.

Signature:

Date:

Therapist Schedule Availability

Name of Trainee: _____

Address: _____

Phone #: _____

E-mail address: _____

On the following schedule, please cross out (X) the times that you are **NOT** available to work. Please take into account your own personal travel time when filling out this schedule. For example, if you finish class at 1:00p, allow at least 45 minutes of travel time (or whatever amount of time is appropriate) so you'd cross off until 1:45p and would be available to start a session at 1:45p.

Please keep in mind CARD Therapy hours are from 8AM – 8PM and that we ask each therapist to be available for at least 3-4 afternoons and 1 weekend day. If you prefer weekends only please state that under comments.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9							
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							

Desired Hours:

Comments: _____

I understand that CARD will try its best to accommodate my schedule. However, due to clients' and/or my own availability, I may not always be scheduled for my requested hours.

Therapist Signature: _____ Date: _____



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